

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5357A Rev. (11-07)	Individual Development Plan (IDP) for Coast Guard Flag Officers and Senior Executives			
Name:			Date:	
Current Position Title:				
Personal Inventory				
Check if your Direct Access record accurately reflects your education, training, assignments (past 10 years), boards served upon, and special assignments.				
Additional Education, Training, Boards and Special Assignments:				
Rank Category Strengths	Maritime Safety	Maritime Security	Maritime Stewardship	Business Management
Enter numbers 1, 2, 3 and 4 in the appropriate boxes with 1 representing greatest strength				
Results of last 360 degree assessment				
Three competency strengths		Three competency opportunities for improvement		

PRIVACY ACT STATEMENT, 5 U.S.C. 552(a) Privacy Act: A. AUTHORITY: 5 U.S.C. 301 Departmental Regulations. B. PURPOSE: To collect information to permit effective individual executive development planning. C. ROUTINE USES: The information on this form is to be used by executives and their supervisors in executive development and goal setting. D. DISCLOSURE: Mandatory for Coast Guard Flag Officers (active and reserve) and Senior Executives (SES).

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Future Professional Development Goals

Prioritize Development Category

Maritime Safety

Maritime Security

Maritime Stewardship

Business Management

Enter numbers 1, 2, 3 and 4 in the appropriate boxes with **1 representing most desired category for developmental opportunities**

Specific opportunities desired

Opportunities in order of priority

Dates *(if known)*

Check if the assignment preferences on your last evaluation still reflect your desires

Additional information about desired assignments, special duties, or short term assignments:

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Leadership Input

Suggestions for education, training, assignments, special duties, etc.

Approved Development Plan

Opportunities in order of priority

Dates *(if known)*

I will pursue the opportunities for development outlined in this plan.

I will support the opportunities for development outlined in this plan.

Member Signature:

Supervisor Signature:

Date:

Date: